NHS WALES INFORMATICS SERVICE

OUTPATIENT ACTIVITY

DATA CONSISTENCY STANDARDS

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Approvals

This document requires the following approvals:

Name	Date of Approval	Version
Tim O'Sullivan – Head of Information, NHS Wales Informatics Service	21/06/2012	6.0

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1.   PURPOSE

The purpose of this document is to further develop the revised approach for monitoring the quality of data submitted to the national databases by NHS Local Health Boards (LHBs). This document aims to reappraise the means by which the consistency of outpatient activity data is assessed by establishing a clearly defined set of data consistency[1] standards for the outpatient activity data set.

In addition to the data validity standards already approved for outpatient activity data, these indicators will help provide a more complete understanding of the quality of submitted data across the NHS in Wales.

It should be noted that these proposals were initially consulted on in 2007/08. However, due to ongoing concerns with the content of the Outpatient Minimum Data Set, their implementation was deferred. Recent developments, which are outlined below, mean that it is now appropriate to resurrect these proposals.

2.   BACKGROUND

The outpatient activity minimum data set has been mandated since April 1999. However, NHS Trusts and LHBs have only been required to submit monthly extracts detailing outpatient activity to the national database, via NWIS since December 2004. The data has a range of uses and can be used to support the management, and planning of healthcare services, evaluation of NHS performance trends and can be a valuable source of epidemiological data at both a national and local level. High quality data is essential if it is to be relied upon to support such processes in NHS Wales.

Over the past three years NWIS has developed a revised approach to tackling data quality. The general approach is described in the document *"Admitted Patient Care National Database – Data Validity Standards"*[2]. Six 'dimensions' of data quality were identified, and the need to address each was highlighted if the service is to genuinely understand how good (or bad) its data is. To this end, an updated set of data validity standards were developed for APC activity data[3], which aimed to address the dimensions of timeliness and validity. In April 2009, a set of data consistency standards were also mandated for APC activity data. Data validity standards have since been developed for outpatient activity[4], outpatient referrals[5], and EDDS[6] data, all of which were mandated effective 1st April 2010.

The proposed OP data consistency standards build on the level of data quality monitoring already introduced via the OP data validity standards which were approved in December 2007[7] and subsequently implemented in late-2008. This

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[1] Data consistency refers to whether *related* data items within the APC data set are consistent with one another (e.g. a record that indicates a male patient has given birth)
[2] Admitted Patient Care National Database - Data Validity Standards
[3] WHC (2008) 007
[4] Outpatient Activity Data Validity Standards
[5] Outpatient Referrals Data Validity Standards
[6] Emergency Department Data Set (EDDS) Data Validity Standards
[7] Outpatient National Database – Data Validity Standards (2007). *Corporate Health Information Programme.*

document sets out the proposals relating to the data consistency of submitted outpatient activity data.

Within the outpatient activity data set there are a range of data items that are related, which can be compared to one another. For such data items, the presence of a specific value in one field can restrict the value(s) that can be recorded in another. This can be effectively demonstrated with the data items 'principal procedure code' and 'sex'. If a patient record is submitted with a 'primary procedure code' that indicates the patient had a prostate biopsy carried out, it is not consistent or accurate for the 'sex' of the patient to be female. It is these sorts of comparative checks that this document seeks to propose.

3.   THE APPROACH

An approach was developed that focussed on developing a set of data consistency standards for outpatient activity that could be used as an additional measure of the quality of submitted data.

Research was undertaken to explore whether any similar monitoring processes were in place for data submitted to the national databases and to determine what documentation, if any, was currently available within the service that addressed issues of data consistency. This research included a comparison with any such standards or reports utilised in NHS Scotland and NHS England, as outlined in the Information Governance Toolkit (IGT).

The outpatient activity data set was reviewed and a proposed set of data consistency indicators was then developed for outpatient activity data.

The proposed indicators were then distributed to the service for comment, with opinions being sought from NHS Trusts, Local Health Boards (LHB's), NHS Wales Informatics Service (NWIS), Welsh Assembly Government (WAG), Health Statistics and Analysis Unit (HSA), Delivery & Support Unit (DSU), the Welsh Cancer Intelligence & Surveillance Unit (WCISU) and National Public Health Service (NPHS).

The service was asked to provide comment on the suitability of the indicators and of their overall use in monitoring the quality of outpatient activity data.

4.   FINDINGS

4.1   SUMMARY OF FINDINGS

Investigations revealed little in the way of data consistency checking for data submitted to the national databases in NHS Wales. A range of documents and reporting tools have been developed over the course of the last seven to ten years, which have predominantly focussed on the need to ensure that submitted data uses valid values and formatting. These were predominantly developed to support the Data Accreditation programme, which took place during 2002/03 with a view to

securing a long-term improvement in data quality in NHS Wales. Those documents and tools include the following:

- WHC (2005) 102 – Core Information Requirements Specification and Standards to Support the LHB Commissioning Process.
- Data Accreditation for Acute Providers – published by the NHS Information Authority (NHSIA) in September 2000.
- Data Accreditation for Acute Providers in Wales – Version 4.4.
- The Information Governance Toolkit (IGT) – NHS England[8].
- The eWebIndicators online data quality reports[9].
- Validation at Source Service (VASS)[10].
- The National Assembly Chief Executives Group (NACE) data quality report.

Of those reports and tools above, there are presently no checks for data consistency on outpatient activity data within the Validation at Source Service (VASS), the NACE report or the eWebIndicators data quality reporting software. Previous discussions with NWIS in relation to the development of the APC data consistency standards have determined that it would be possible to update these tools to reflect any new outpatient consistency indicators.

In April 2011, Richard Bowen (Director of Operations, Department for Health & Social Services, Welsh Government) issued a letter that committed to monitoring outpatient activity performance (e.g. via the Efficiency & Productivity measures) using the OP Minimum Data Set (MDS) from 2011/12 onwards. The Annual Quality Framework (AQF) for 2011/12 also seeks to reduce the burden of national reporting, whilst at the same time introducing more sophisticated quality and outcome measures for OP activity using data derived from MDS'.

4.2 SUMMARY OF SERVICE CONSULTATION

The initial consultation was undertaken in 2007/08. A total of eleven responses were received in relation to the draft proposals. A breakdown of those organisations is provided below:

- Six NHS Trusts
- Three Local Health Boards (LHBs)
- Welsh Assembly Government
  - Head of Information Standards
  - Health, Statistics & Analysis Unit (HSA)

Of those who responded, there was overwhelming support for the introduction of the proposed standards. Most stated that the detail behind each check should be made available and agreed with the service prior to their introduction, but that the approach being followed is acceptable.

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[8] https://www.igt.connectingforhealth.nhs.uk/
[9] http://eproducts.wales.nhs.uk/Webindicators/
[10] http://nwdss.hsw.wales.nhs.uk/NwdssMerge/VASS/login.aspx?ap=OUTPA

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There were some specific queries raised by those who responded. Those that may affect the final proposals or detail behind the checks are summarised below:

- Gwent Healthcare highlighted concerns in relation to the check 15 - Specialty (of treatment) vs. Sex. Within their organisation, a sexual and reproductive health clinic will accept both male and female patients. Consideration would need to be given to the potential cohort of patients who may attend within a specialty before implementing this check.

- The Head of Information Standards reiterated feedback given as part of the development the Admitted Patient Care (APC) data consistency standards, highlighting the need to ensure any checks relating to clinical coding have appropriate clinical sign-off.

- North West Wales noted that some checks must have appropriate time stamps associated with them, thus ensuring that retrospective data submissions supplying codes valid at the time of the attendance date but since decommissioned are still accepted as valid values on the outpatient activity national database.

- Two Trusts highlighted concerns relating to their ability to achieve some of the targets due to local difficulties in updating their PAS.

A second consultation was undertaken in 2011/12 due to the amount of time elapsed between the initial consultation and the ability to implement the standard. A total of nine responses were received in relation to the renewed draft proposals. A breakdown of those organisations is provided below:

- Velindre NHS Trust
- NWIS
- Two Local Health Boards
    - Betsi Cadwaladr ULHB
    - Aneurin Bevan LHB
- Welsh Government
    - Head of Information Standards
    - Performance Management Policy/Development, Waiting Times and Emergency Care Branch
    - Head of NHS Performance Statistics.

The overwhelming support that was evident in the initial consultation was continued in the second round. There were some specific comments made by those that responded.

- Some of the same concerns arose in the second round of consultation. For 'Specialty (of Treatment) v Sex', there was concern that this check might not be possible; a similar check for APC was rejected due to

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occurrences of males being treated under obstetrics – i.e. it was possible for a male to treated under a female specialty.

- Performance Management colleagues at Welsh Government pointed out there is diminished confidence in the ability of organisations to consistently capture OP activity due to the broad definition of an outpatient attendance. Furthermore they point out there is a lack in confidence in the complete capture of activity types according to definitions provided.

- The NWIS impact assessment response showed that many of the checks could easily be implemented as they are duplications from other data set consistency checks such as APC. Furthermore, it identified three checks which would be more time consuming to write as there is no equivalent and they require linking reference data.

See Annex 4 for more detail.

5.   CONCLUSIONS

The proposal is that a set of data consistency standards should be adopted for submitted outpatient activity data. These indicators will be applied to all data loaded into the outpatient activity national database by Welsh NHS Trusts and LHB's. All the data consistency checks will be carried out on un-standardised data and have been developed with NWIS.

A summary of the proposed data consistency standards for outpatient activity data are shown in Annex 1.

It should be noted that the detailed logic behind each indicator is not outlined in Annex 1 and will be developed once approval has been gained for the standards in principle. This detail will be shared with appropriate groups such as the Information Leads, Data Definitions Compliance Sub Group (DDCSG) and Clinical Coding User Groups for final approval.

One check that was initially proposed has been rejected following feedback from the service and data analysis undertaken as part of the implementation of the APC data consistency standards. This is outlined in Annex 2, along with the reason for its omission.

A percentage target for consistency will be applied to each check. This has been based on the percentage target for data validity for the data items that make up the data consistency check. Where there was a different target percentage for validity for the data items that made up the check, the lowest data validity target for the associated data items was used as the target for data consistency. The targets for data validity were originally based on the Data Accreditation targets for and can be viewed in full in the document '*Outpatient National Database – Data Validity Standards*'.

It should be noted that a review of the percentage targets for data validity is currently being undertaken by NWIS. Should the outcome of this work result in a change to the targets associated with a particular data item, the associated percentage target for data consistency will be updated accordingly.

Whilst some Trusts noted their inability to meet a particular target, it is not felt that this should influence their proposed implementation. Indeed, the presence of such checks will highlight deficiencies in Trust/LHB systems and should be used positively within an organisation as a means for trying to implement change in order to satisfy national requirements.

VASS should be updated to incorporate the agreed standards, thus enabling data providers to clearly identify and correct inconsistent data at the earliest opportunity possible. The VASS checks for data consistency will only be undertaken on those records where the fields being queried by a specific check contain valid values (i.e. the record has passed the data validity VASS checks for the data items concerned). This will ensure the prevention of duplicate reporting of errors within VASS (i.e. a record appearing in both the VASS data validity and consistency checks for a specific data item).

It is possible that the implementation of the data consistency indicators for outpatient activity data in VASS will have a significant impact on NWIS in terms of the amount of time it may take to process submitted outpatient activity data. With this in mind, a phased approach to their implementation *may* be required. The initial redevelopment of the outpatient area of VASS, which is being undertaken in response to the data validity standards for outpatient activity data, has resulted in the deletion and rationalisation of a number of checks, which may mean that such a phased implementation is not required. However, there is currently insufficient evidence to be certain whether this will be the case. The need (or lack of) for this approach will be determined during development of the VASS checks for data consistency.

It is essential that Welsh NHS Trusts/LHBs ensure that checks similar, if not identical, to the data validity and consistency checks in VASS are developed and maintained within their local Patient Administration System (PAS). The presence of in-built validation rules in PAS would mean that such checking can be carried out automatically at the point of data entry, thus ensuring that additional resources are not wasted in correcting data at a later date. An example of such a rule could be an error warning that notifies the user that they have entered an attendance date onto a record that is before the patient's date of birth.

It is accepted that any revised set of data quality indicators (for either validity or consistency) for submitted data may not be an exhaustive list and are subject to change. It is likely that, as a data set develops and new healthcare initiatives are introduced, it may be necessary to add (or remove) quality checks to ensure all data items of significance are fully represented by any data quality performance monitoring. Such significance is not set in stone, but is continually changing and the indicators must also be flexible enough to incorporate any future changes.

The reporting of performance against the proposed indicators should be undertaken via a single web portal, available to a wide range of appropriate staff. This is in line with previous recommendations, which stress the need to report issues of data quality through a single and consistent resource. A "*Data Consistency Report*", similar to the Data Validity Performance Monitoring Report, should be developed and should be made available for appropriate Trust and senior all-Wales meetings and forums.

Whilst the data consistency checks will be applied to any data which may be supplied in the future to the outpatient national database by English Trusts (via the Secondary Uses Service (SUS)), the reporting and monitoring arrangements described will focus on data supplied from Welsh NHS Trusts and Powys LHB only.

6. RECOMMENDATIONS

In summary the following recommendations are made, and timescales around the achievement of these recommendations are included within Annex 3:

6.1 **A set of data quality indicators for *consistency* should be adopted for submitted outpatient activity data (Annex 1).**

The detailed logic behind each indicator will be developed once approval has been gained for the standards in principle. This detail will be shared with appropriate groups such as the Information Leads, Data Definitions Compliance Sub Group (DDCSG) and Clinical Coding User Groups for approval.

6.2 **The reporting of performance against these targets should be standardised so that the reporting of data validity and data consistency is clearly distinguishable in both the online reporting tool and any published reports. These reports should be presented and reported in a similar format as those developed for the *Data Validity Indicators*, thus ensuring a common approach and presentation to the reporting of data quality within the service.**

All the data quality reports should be accessible via a single data quality "portal", thus ensuring access to the necessary reports is made easier for interested parties.

6.3 **The Validation at Source Service (VASS) should be further enhanced to incorporate the data consistency indicators in order to allow Trusts to identify and correct any affected records. The software should allow the user to easily distinguish between data validity and data consistency errors.**

6.4 **Welsh LHBs and Trusts will be requested to ensure that validation checks for data validity and consistency are built into PAS so that errors can be identified and corrected at the point of data entry.**

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APPENDIX 1

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PROPOSED DATA CONSISTENCY INDICATORS FOR OUTPATIENT ACTIVITY DATA

The following table outlines the data consistency indicators that are proposed. The logic outlines the general reasoning as to the use of such a check and should not be regarded as a complete description of the check itself.

#	Data Item 1	Data Item 2	Logic	Target (% Consistent)
1	Clinical Referral Date	Attendance Date	Clinical Referral Date <= Attendance Date	98%
2	Date of Birth	Attendance Date	Birth Date <= Attendance Date	98%
3	Attendance Date	Date of Patient Referral	Date of Patient Referral <= Attendance Date.	98%
4	Date of Birth	Clinical Referral Date	Date of Birth <= Clinical Referral Date	98%
5	Date of Patient Referral	Clinical Referral Date	Date of Patient Referral <= Clinical Referral Date	98%
6	Date of Birth	Date of Patient Referral	Date of Birth <= Date of Patient Referral	98%
7	Consultant Code	Main Specialty (consultant)	The main specialty that a consultant is works under is submitted to NWIS when Trusts register their consultant codes. The submitted 'Main Specialty (consultant)' code should relate to the specialty under which the consultant is registered by the General Medical Council and is held on the NWIS lookup tables. The presence of inconsistent data would infer a problem with either local documentation or a failure to update the national lookup tables.	98%
8	First Attendance	Priority Type: New Patients	A code indicating the 'Priority Type' should only be included on records where the 'First Attendance' flag indicates that the patient is a new patient. The field should be left blank for all follow-up patients.	98%
9	Location Type Code	Site Code of Treatment	The Location Type Code indicates the type of accommodation/building in which an attendance took place. The submitted Site Code of Treatment should correspond with this code (and vice versa).	98%
10	Postcode	Local Health Board of Residence	Check to ensure that the submitted 'Postcode' lies within the boundaries of the submitted 'Local Health Board of Residence'.	95%
11	Primary Procedure Code*	Sex	Vital data for epidemiology studies. Consistency check prevents invalid procedures being recorded in the National Database (e.g. female patients undergoing a prostate biopsy).	95%
12	Referrer Code	Referring Organisation Code	A check to ensure that the 'Referrer Code' is registered to the submitted 'Referring Organisation Code'.	98%
13	Source of Referral: Outpatients	Referrer Code	Referrer Code identifies the type of individual who referred the patient to outpatients and should correspond with the submitted Source of Referral (e.g. if the referrer is a GP, the source of referral cannot state the patient was a self-referral).	98%
14	Source of Referral: Outpatients	Referring Organisation Code	Referring Organisation Code identifies the type of organisation from which the referral originated and should correspond with the submitted Source of Referral (e.g. if the referring organisation code is a community dental service, the source of referral cannot state the patient was a self-referral).	98%

A data consistency indicator will check whether related data items within the same data set are consistent with one another.

The detailed logic behind each indicator will be developed once approval has been gained for the standards in principle. This detail will be shared with appropriate groups such as the Information Leads, Data Definitions Compliance Sub Group (DDCSG) and Clinical Coding User Groups for approval.

* Indicates that expert advice will be required to determine what codes can be built into a specific check – e.g. advice from the senior clinicians with regards to which diagnosis codes cannot be recorded against patients of a certain gender.

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APPENDIX 2

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POTENTIAL DATA CONSISTENCY INDICATORS THAT WERE CONSIDERED UNSUITABLE

The following table outlines the data consistency indicators that were originally proposed but have since been considered unsuitable for full implementation. The reason as to why the proposed check was rejected is also stated.

#	Data Item 1	Data Item 2	Logic	Reason for Rejection
1	Consultant Code	Specialty (of Treatment)	Consultant specialties that the consultant works under are submitted to HSW when Trusts register consultant codes. The submitted 'Specialty (of Treatment)' code should reflect the actual specialty under which the patient care is being delivered and should be recorded on the HSW lookup tables. If this not recorded on the HSW lookup tables, this infers a problem with either local documentation or a failure to update the national lookup tables.	It is not possible to carry out this check, as NWIS do not maintain a list of specialties under which a consultant can work. Only their 'Main Specialty (Consultant)' (i.e. the specialty under which a consultant is registered) is documented on the NWIS reference data tables. Consultants may work under a range of alternative specialties – e.g. those who have a special interest in a related specialty.
2	Sex	Treatment Function Code	Ensures activity is not recorded under the incorrect 'Specialty (of Treatment)' code (e.g. male episodes in the specialty of obstetrics).	It is inappropriate to carry out a consistency check to check as it is possible that a male patient might be treated under a specialty that is associated with female patients. e.g. a male patient treated under obstetrics.

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APPENDIX 3

PROPOSED IMPLEMENTATION PLAN

Recommendation	Finding	Recommendation	Timescales*
6.1	There are little in the way of data consistency checks for outpatient activity data submitted to the national database. Some checks for data consistency on outpatient activity data can be found in Validation at Source Service (VASS), the NACE report and eWebIndicators software.	A set of data quality indicators for *consistency* should be adopted for submitted outpatient activity data (Annex 1).	2012/13
6.2	Some checks for data consistency on outpatient activity data can be found in Validation at Source Service (VASS), the NACE report and eWebIndicators software. There are presently no formalised mechanisms for monitoring and reporting data consistency.	The reporting of performance against these targets should be standardised so that the reporting of data validity and data consistency is clearly distinguishable in both the online reporting tool and any published reports. These reports should be presented and reported in a similar format as those developed for the *Data Validity Indicators*, thus ensuring a common approach and presentation to the reporting of data quality within the service. All the data quality reports should be accessible via a single data quality "portal", thus ensuring access to the necessary reports is made easier for interested parties.	2012/13
6.3	Validation at Source Service (VASS) contains a small number of data consistency checks, as agreed via the PEDW Supplier and PEDW Steering Group meetings, which was replaced by the Secondary Care Information Steering Group (SCISG) now replaced by the DDCSG.	Validation at Source Service (VASS) should be further enhanced to incorporate the data consistency indicators in order to allow Trusts to identify and correct any affected records. The software should allow the user to easily distinguish between data validity and data consistency errors.	2012/13
6.4	Validation checks for data validity and consistency should be built into PAS to enable the validation of errors at point of data entry.	Welsh LHBs and Trusts will be advised to ensure that validation checks for data validity and consistency are built into PAS so that errors can be identified and corrected at the point of data entry.	2012/13

* The timescales stated are subject to change depending on agreement being reached between Welsh Assembly Government and NWIS as to the authorisation and prioritisation of the development work required to support the introduction of the APC data consistency indicators and their associated reporting and monitoring tools (e.g. VASS).

APPENDIX 4

SECOND ROUND SERVICE FEEDBACK

#	Name	Organisation	Date of Email	Feedback	Action	Comments	Completed?
1	Sally Greenway	WG	13/01/2012	I have no issues with the consistency checks suggested. I noted that something was said about consultant codes being registered with the BMA and I wonder whether that's the GMC - however that's not really relevant.	The reference to 'BMA' in the document was incorrect. This reference has been corrected to 'GMC'.	None	Yes
2	Dave Morrey	Velindre NHS Trust	23/01/2012	Initial estimate is that this will not be a big impact as it is not raising threshold on data items or introducing new data items into the data quality score but cross checking two existing data items for consistency. Hazel and colleagues at NWIS want to do some more analysis for impact and I anticipate that I will pick that up next week when I am back in to reply to David Hawes and colleagues in NWIS data consistency section.	None required.	None	Yes
3	Hazel Baily	Velindre NHS Trust	25/01/2011	Item 12 Referrer Code is registered to the submitted Referring Organisation Code. This is a problem because we do have consultants who are not registered at an organisation Items 13 and 14 Source of Referral: Outpatients is not consistent with the Referrer Code or Referring Organisation Code. The way Velindre records referrals and outpatient appointments will result in inconsistent data as defined by these two checks, as the majority of our outpatient appointments are continuing care. Patients could be referred by a GP or be a self referral for one of these continuing care appointments. The Referrer Code though will be the person who referred the patient for their first contact with Velindre. We do not record a Referral for each outpatient episode or appointment. The outpatient referral dataset is derived for these reasons. A major development in Canisc would be required to record a referral for each outpatient episode or appointment.	Data quality issue to be picked up by NWIS Data Quality Team.

Does not affect proposed implementation of OP data consistency standards. | None | In progress. |

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4	Terry Gill	WG	26/01/2012	A few comments that we would like David et al to take on board please. I am sure this piece of the 'data quality jigsaw' will add some value, and likely more so than the data validity work. However, our view is that it falls considerably short in terms of providing the necessary assurance that the data being used for analysis - i.e. for benchmarking, performance monitoring - is both comparable across (and within) organisations and fit for purpose. The fact is there is little confidence across the service and with stakeholders that organisations apply the definitions that support the OPMDS collection in a consistent way. This begins from the definition for the term 'Outpatient Attendance' that defines what OP activity organisations should be including their MDS submission and carries through to definitions for key fields such as Attendance Category (e.g. commitment to pre op capture) and Consultant Code (e.g. differentiation between consultant and independent nurse). In a nutshell our main concerns are around - 1. Organisations capturing all OP activity consistently according to the broad definition to ensure the basic activity count is consistent; and 2. Consistent/complete capture of activity types such as consultant, independent nurse, pre op assessment according to the definitions provided. Commitment to coding procedures carried out in an outpatient setting is also an issue but for now we are more concerned about getting the basics right and thus increasing confidence across data users. I appreciate the type of data 'policing' work required to address and monitor the situation as described above is time consuming and difficult and does not lend itself to the automated process approach used for data validity indicators and the data consistency indicators proposed here. However, our contention is that it is the foundation on which the MDS is built and until these fundamental issues are addressed such indicators have a limited value and in most cases do not provide a true reflection of data quality.	David Hawes to provide email response.	None	Yes
5	Maddy Lowry	Betsi Cadwaladr University Health Board	27/01/2012	Just to let you know that we have reviewed the proposed OP Data Consistency Standards from a planning and contracting perspective at BCUHB and have nothing to add to the proposals.	None required	None	Yes

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6	Sonia Stevens	Aneurin Bevan LHB	27/01/2012	I am writing in response to David Hawes' email of 11th January concerning the above. We have no issue with any of the changes proposed and recognise them as appropriate and useful. However, in terms of Annex 3, item 6.4 - Local PAS checks: For the majority of Health Boards in Wales, this is now reliant on Myrddin capabilities and is not a locally determined issue	None required	None	Yes
7	Sarah Jones	WG	27/01/2012	We've reviewed the document and the consistency checks seem sensible. No further comments, apart from my colleague spotting that the web link in footnote 10 doesn't work!	Fix footnote 10	None	Yes
8	Richard Jones	NWIS	27/01/2012	Detailed feedback on the implementation was provided. See doc Impact Assessment - RJ - OP Data Consistency.doc. In summary checks 1-6 are straightforward, some of which have duplicates in APC. Checks 9, 13 and 14 require linking reference data to data items and will be more tricky and particularly for check 9 the code might be rather complicated. For check 15, 'Specialty (of Treatment) v Sex', there WAS an APC VASS check for 'Specialty (of Treatment)' v Sex. However, it was turned off because there were occurrences of Gynaecologists treating male patients, i.e. it was possible for a male to come under a female specialty. So, although the check can be done for outpatients, will it work for outpatients if it did not work for APC? This needs to be looked at. Also, the data item and VASS check is for 'Treatment Function Code', not 'Specialty (of Treatment)'	Alter specialty of treatment to become treatment function code. Remove check 15 as it is inappropriate.	None	Yes
9	Richard Walker	Betsi Cadwaladr University Health Board	08/02/2012	In principle I am very supportive of the approach. It would support the work of our planned Information Standards/DQ team. On a technical issue, I would ask that any portal development/access to VASS not be IP number specific – those of us with roaming laptops and DHCP find this a barrier to access.	None required	None	Yes

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